

**LSP Association Scholarship  
Fund 2022 Scholarships  
Application Deadline: Friday, April 22, 2022**

*Applicant, please submit all application materials to:*

Larry Feldman (LSP Association Scholarship Fund)  
GZA GeoEnvironmental, Inc.  
249 Vanderbilt Avenue  
Norwood, MA 02062  
Email: [lfeldman@gza.com](mailto:lfeldman@gza.com)  
Ph 781-278-3807

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Name: \_\_\_\_\_

Are you a resident of Massachusetts?      Yes                      No \_\_\_\_\_

Home address: \_\_\_\_\_

Home telephone: \_\_\_\_\_ School telephone: \_\_\_\_\_

Email address: \_\_\_\_\_ Marital status: \_\_\_\_\_ Ages of any children: \_\_\_\_\_

Spouse's name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Annual gross income: \_\_\_\_\_

Father's name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Place of employment: \_\_\_\_\_ Annual gross income: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Place of employment: \_\_\_\_\_ Annual gross income: \_\_\_\_\_

Are both parents living? \_\_\_\_\_ Divorced or separated: \_\_\_\_\_

Number of brothers and sisters: \_\_\_\_\_ Ages: \_\_\_\_\_

***Please provide the following information:***

Are you an LSPA Member or a member of an LSPA Member's immediate family? Yes \_\_\_\_\_ No \_\_\_\_\_

If you are a member of an LSPA Member's immediate family, what is the Member's name and what is your relationship?

Member Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

List monthly amount of any Veterans' benefits you receive, if applicable:      \$ \_\_\_\_\_

List amount of any outstanding loans:      \$ \_\_\_\_\_

List total amount of any other scholarships for higher education:      \$ \_\_\_\_\_

Provide monthly earnings for any college work/study or co-op income:      \$ \_\_\_\_\_

Amount of savings available:      \$ \_\_\_\_\_

List amount that your financial aid form shows as your contribution:      \$ \_\_\_\_\_

Annual expenses for tuition:      \$ \_\_\_\_\_

Room and board:      \$ \_\_\_\_\_

**Education Record:**

*(Please list all schools you have attended, starting with the high school from which you graduated. Please submit a certified transcript of all grades received from the school in which you are presently enrolled and a college acceptance letter)*

<b>School Name:</b>	<b>Years Attended:</b>	<b>Major, if applicable:</b>	<b>Diploma/Degree:</b>

Have you been accepted in a degree program at an accredited New England College, University, Junior College, Technical Institute, or Community College? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered Yes above:

What is the name of that institution? \_\_\_\_\_

What is your declared major? \_\_\_\_\_

List your extracurricular activities, sports, hobbies and interests:

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**Reference Contact Information:**

*(In addition to providing the information below, please submit three written letters of recommendation)*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

**Recent Employment Record:**

<u>Place of Employment:</u>	<u>Position:</u>	<u>Employment Dates:</u>	<u>Earnings:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

How much of the above earnings will be available for school costs? \_\_\_\_\_

*Please give specific answers to the following questions (you may attach additional sheets, if necessary):*

How do you plan to finance your education?

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What are your specific short term and long-range goals and what do you hope to achieve in life?

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In what ways do you believe your goals are similar to the goal of this scholarship fund and will benefit the LSP practice or professional environmental services?

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Why do you want to be considered for a scholarship? Please include any information that might aid the Trustees in evaluating your application. \_\_\_\_\_

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I hereby submit my application for the LSP Association Scholarship Fund. I authorize the LSP Association Scholarship Fund and/or its representatives to contact any of the employers or educational institutions listed above. By signing this application, I am affirming that the information contained here is accurate.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_